



STATEMENT OF:	FIRST NAME MICHAEL	LAST NAME Ralph Phillips	PCT 1085	ACCIDENT NO. 458	COMPLAINT NO. 991
RESIDENCE ADDRESS	2 Robn RD Rumson NJ 07760		RESIDENCE TEL. NO. 732-758-1141	BUSINESS TEL. NO. 6-908-227-8932	
LOCATION OF INTERVIEW	SCENE OF ACCIDENT		PRECINCT STATION HOUSE	OTHER (DESCRIBE)	
IDENTITY OF ABOVE NAMED PERSON	OPERATOR OF VEH. NO. 01	PASSENGER IN VEH. NO.	PEDESTRIAN	WITNESS	
DATE OF ACC. 2-25-07	TIME 2120	LOCATION W/B 37th to 5th 9th	DATE OF BIRTH 2-20-55	ACCIDENT INVOLVED <input type="checkbox"/> DEATH <input checked="" type="checkbox"/> PERSONAL INJURY	

QUESTIONS FOR WITNESS, PASSENGER OR PEDESTRIAN ONLY		QUESTIONS FOR OPERATOR OF VEHICLE ONLY	
Did you see the accident?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	How many years have you driven?	35 yrs
Where were you at the time of the accident?	I WAS DRIVING MY PICK-UP	How long have you driven the vehicle involved in the accident?	SINCE 1988
Do you know any of the persons involved in this accident?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Was there any mechanical failure or defects with the vehicle you were driving?	NO
If yes, whom?		Did you consume any intoxicants or medication prior to the accident?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
At the time of the accident, was your visibility obstructed in any way?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what, how much & where?	ADVICE SUNDAY 12 NOON
If yes, describe:	2 CARS ON MY LEFT SIDE SNOW/RAIN	Where were you coming from or going to?	WORK (44-45 BWAY) TO HOME
Who was with you at time of accident?	I WAS ALONE AT THE TIME		

BELOW QUESTIONS TO BE ANSWERED IN ALL CASES, WHETHER SUBJECT IS OPERATOR, PASSENGER, PEDESTRIAN OR WITNESS

Briefly describe this accident? I WAS W/B ON 37th IN THE RIGHT LANE. TWO CARS WERE TO MY LEFT. I WAS GOING TO MAKE A LEFT TURN ON 9th AVE. THE TWO CARS TO MY LEFT WENT STRAIGHT AT 9th AVE. WE HAD THE GREEN LIGHT. WHEN THE TWO CARS CLEARED I BEGAN TO MAKE MY TURN AND I DIDNT EVEN SEE THEM, I HEARD THE BANGS AND STOPPED. \*Michael Phillips

What was the cause of the accident? The weather (snow). The Pedestrians had a umbrella I think and maybe they couldnt see. (THE OTHER 2 CARS WENT STRAIGHT)

INSERT ANSWERS PERTAINING TO EACH VEHICLE UNDER APPROPRIATE COLUMN	VEHICLE NO. 1	VEHICLE NO. 2	VEHICLE NO. 3
License plate No.	N.J. CMP 880		
Make, type and color of vehicle	1988 Chevy PU Blue	2000 SCOTTS DALE Blue/silver	
Direction of travel and on what street	W/B 37th to 5th 9th AVE		
Speed of vehicle(s) involved	maybe 3 mph		
Was vehicle subject to traffic control devices, signal lights, signs, pavement markings, etc.?	I had the green light		
Did vehicle swerve or turn to avoid contact?	I didnt see them		
Immediately prior to accident, was any signal given? (horn - hand - other)	NO		
What lights on vehicle were lighted?	head/tail/L/Directional		
What were the points of impact?	L/Fr Passenger - Bumper		

At time of accident, were there any other vehicles on the street in the vicinity? ☒ Yes ☐ No If yes, describe:

2 CARS TO MY LEFT

In what direction was pedestrian (if any) going?	<input checked="" type="checkbox"/> With signal light <input type="checkbox"/> Against signal light	<input type="checkbox"/> Walking <input type="checkbox"/> Running <input type="checkbox"/> Standing
Accident occurred during	<input type="checkbox"/> Daylight <input type="checkbox"/> Dawn <input type="checkbox"/> Dusk <input checked="" type="checkbox"/> Darkness	Weather Condition <input type="checkbox"/> Clear <input type="checkbox"/> Fog <input checked="" type="checkbox"/> Rain <input checked="" type="checkbox"/> Snow (Describe)
ROADWAY LIGHTED	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Road Condition <input type="checkbox"/> Dry <input checked="" type="checkbox"/> Wet <input type="checkbox"/> Muddy <input checked="" type="checkbox"/> Snowy <input type="checkbox"/> Icy <input checked="" type="checkbox"/> Other SLUSH
Obstructions of holes in street	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes, describe:

SIGNATURE OF WITNESS: \*Michael Phillips  
 SIGNATURE OF INVESTIGATING OFFICER: [Signature]  
 RANK: [Blank]  
 COMMAND: 887573 HOBBS